

The Cedar Gara Foundation, in partnership with Townsville Basketball, aims to offer financial assistance to local Aboriginal and/or Torres Strait Islander youths (8yo – 18yo) who love the game of basketball. Assistance for registration fees to play in local competition or scholarship contribution towards representative level at state or national level can be applied for through the foundation.

Successful applicants would receive a one-off payment of up to \$200 per season to assist with registration expenses for local competition or up to \$500 for representative level applicants. This funding can be used alongside the Queensland Government Fair Play Voucher.

Funding is contingent on funding levels and on the number of successful applications. Applicants should advise their club that they are intending to register and should you be successful in your application you will complete your registration through the Townsville Basketball office.

Eligibility Checklist:

The applicant must meet these requirements:

- Of Australian Aboriginal or Torres Strait Islander descent
- From a low-income background
- Experiencing financial hardship
- Reside within the Townsville region.

Definition of financial hardship could be:

- Receive an income support payment from Services Australia or
- Hold a current Health Care Card or
- Hold a current Low Income Health Care Card

Proof will be asked to support the above, such as an Income Support Statement from Services Australia if receiving an income support payment or copies of their Health Care Card or Low Income Health Care Card.

If you're financially comfortable, and don't experience financial hardship, you should not apply for this support.

The scholarship funding can be used for:

- Townsville Basketball Representative Levy
- Townsville Basketball Representative Invoice
- Basketball Queensland Representative Invoice

Personal &	Contact Details:		
Applicant:			
Full Name	o.		
Address:			Post Code:
Date of Bi	rth:		
Contact:	(Mobile)	(Home)	
Email Add	dress:		
Cultural Id	dentity:□ Aboriginal □	Torres Strait □	Aboriginal and Torres Strait
Parent/Car	rer/Guardian:		
Address:			
Contact:	(Mobile)	(Home)	(Work)
Email Add	dress:		
Photo ID:			
Emergency Full Name	Contact (should the detail	s be different to th	ose already listed):
Contact:	(Mobile)	(Home)	(Work)
Email Add	<u> </u>	(220110)	(11 0222)
Relationsh	nip to Applicant:		



Financial Support Details:
Local Competition:
Competition:
Age Division:
Club:
State or National:
Competition:
Age Division:
Dates of Event:
Venue/Place:
Applicant's Information:
Tell us more about yourself? How will this scholarship assist you?
How will this scholarship assist you?



Applicant Agreement:

I agree to meet the scholarship requirements, which includes providing evidence of participation:

- Photo in team uniform at venue (with a few words/feedback)
- CGF Logo on uniform / tracksuit
- With permission, posted on Townsville Basketball website and social media

Signature:	
Print Full Name:	
Date: / /	
If the Applicant is under 18yo, a parent/carer/guardian must sign:	
Signature:	
Print Full Name:	
Date: / /	

Once completed please send your application to $\underline{community@townsvillebasketball.com}$ or should you have further questions please contact the office on 4778 3400

